

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	14					
18	18	18	18	18	18	18

BEST
AVAIL
ABLE CND

SERIAL NO.	FILING DATE	APPLICANT(S)
61		
62		
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99		
100		
TOTAL IND.		
TOTAL DEP.		
TOTAL	122525	125525